

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/786817

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		①				
5		①				
6		①				
7		①				
8		①				
9	1					
10		1				
11		2				
12	1					
13		1				
14		2				
15		①				
16		①				
17		1				
18	1		1			
19		1				
20		2				
21		①				
22	1					
23	1					
24		1				
25	1					
26		1				
27		2				
28	1		1			
29		1				
30		2				
31		①				
32		①				
33		1				
34	1		1			
35		1				
36		2				
37	1		1			
38		1				
39		①				
40		①				
41		①				
42		①				
43	1		1			
44		1				
45	1		1			
46						
47						
48						
49						
50						
TOTAL IND.			8			
TOTAL DEP.			22			
TOTAL CLAIMS			30			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS